

**FACT SHEET, ARUNACHAL PRADESH
NATIONAL FAMILY HEALTH SURVEY, 1999**

Sample Size

Households	1,419
Ever-married women age 15–49	1,117

Characteristics of Households

Percent with electricity	68.9
Percent within 15 minutes of safe water supply ¹	59.3
Percent with flush toilet	17.3
Percent with no toilet facility	26.1
Percent using govt. health facilities for sickness	93.3
Percent using iodized salt (at least 15 ppm)	84.1

Characteristics of Women²

Percent urban	15.9
Percent illiterate	52.7
Percent completed high school and above	9.6
Percent Hindu	35.1
Percent Christian	15.0
Percent Donyi-Polo	34.2
Percent regularly exposed to mass media	63.2
Percent working in the past 12 months	59.6

Status of Women²

Percent involved in decisions about own health	70.0
Percent with control over some money	78.6

Marriage

Percent never married among women age 15–19	83.2
Median age at marriage among women age 25–49	18.7

Fertility and Fertility Preferences

Total fertility rate (for the past 3 years)	2.52
Mean number of children ever born to all women 40–49	4.14
Median age at first birth among women age 25–49	20.3
Percent of births ³ of order 3 and above	46.2
Mean ideal number of children ⁴	3.2
Percent of women with 2 living children wanting another child	37.8

Current Contraceptive Use⁵

Any method	35.4
Any modern method	32.8
Pill	7.3
IUD	4.2
Condom	0.7
Female sterilization	20.6
Male sterilization	0.1
Any traditional method	2.4
Rhythm/safe period	1.5
Withdrawal	0.9
Other traditional or modern method	0.3

Unmet Need for Family Planning⁵

Percent with unmet need for family planning	26.5
Percent with unmet need for spacing	17.2

Quality of Family Planning Services⁶

Percent told about side effects of method	32.2
Percent who received follow-up services	81.5

Childhood Mortality

Infant mortality rate ⁷	63.1
Under-five mortality rate ⁷	98.1

Safe Motherhood and Women's Reproductive Health

Percent of births ⁸ within 24 months of previous birth	30.3
Percent of births ³ whose mothers received:	
Antenatal check-up from a health professional	60.9
Antenatal check-up in first trimester	24.5
Two or more tetanus toxoid injections	45.6
Iron and folic acid tablets or syrup	56.3
Percent of births ³ whose mothers were assisted at delivery by a:	
Doctor	22.3
ANM/nurse/midwife/LHV	9.1
Traditional birth attendant	8.2
Percent ⁵ reporting at least one reproductive health problem	42.1

Awareness of AIDS

Percent of women ² who have heard of AIDS	60.4
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Child Health

Percent of children age 0–3 months exclusively breastfed	33.9
Median duration of breastfeeding (months)	30.8
Percent of children ⁹ who received vaccinations:	
BCG	54.2
DPT (3 doses)	41.8
Polio (3 doses)	43.3
Measles	33.6
All vaccinations	20.5
Percent of children ¹⁰ with diarrhoea in the past 2 weeks who received oral rehydration salts (ORS)	40.2
Percent of children ¹⁰ with acute respiratory infection in the past 2 weeks taken to a health facility or provider	49.2
Nutrition	
Percent of women with anaemia ¹¹	62.5
Percent of women with moderate/severe anaemia ¹¹	11.9
Percent of children age 6–35 months with anaemia ¹¹	54.5
Percent of children age 6–35 months with moderate/severe anaemia ¹¹	25.4
Percent of children chronically undernourished (stunted) ¹²	26.5
Percent of children acutely undernourished (wasted) ¹²	7.9
Percent of children underweight ¹²	24.3

⁶For current users of modern methods

⁷For the 5 years preceding the survey (1994–98)

⁸For births in the past 5 years (excluding first births)

⁹Children age 12–23 months

¹⁰Children under 3 years

¹¹Anaemia—haemoglobin level < 11.0 grams/decilitre (g/dl) for children and pregnant women and < 12.0 g/dl for nonpregnant women. Moderate/severe anaemia—haemoglobin level < 10.0 g/dl.

¹²Stunting assessed by height-for-age, wasting assessed by weight-for-height, underweight assessed by weight-for-age

¹Water from pipes, hand pump, covered well, or tanker truck

²Ever-married women age 15–49

³For births in the past 3 years

⁴Excluding women giving non-numeric responses

⁵Among currently married women age 15–49

FACT SHEET, MANIPUR
NATIONAL FAMILY HEALTH SURVEY, 1999

Sample Size

Households	1,689
Ever-married women age 15–49	1,435

Characteristics of Households

Percent with electricity	75.3
Percent within 15 minutes of safe water supply ¹	41.5
Percent with flush toilet	25.0
Percent with no toilet facility	8.0
Percent using govt. health facilities for sickness	72.6
Percent using iodized salt (at least 15 ppm)	87.9

Characteristics of Women²

Percent urban	33.7
Percent illiterate	42.9
Percent completed high school and above	23.1
Percent Hindu	49.9
Percent Muslim	4.1
Percent Christian	34.9
Percent regularly exposed to mass media	83.8
Percent working in the past 12 months	69.9

Status of Women²

Percent involved in decisions about own health	43.3
Percent with control over some money	76.8

Marriage

Percent never married among women age 15–19	91.4
Median age at marriage among women age 25–49	21.7

Fertility and Fertility Preferences

Total fertility rate (for the past 3 years)	3.04
Mean number of children ever born to all women 40–49	4.64
Median age at first birth among women age 25–49	23.1
Percent of births ³ of order 3 and above	47.1
Mean ideal number of children ⁴	3.6
Percent of women with 2 living children wanting another child	46.2

Current Contraceptive Use⁵

Any method	38.7
Any modern method	25.9
Pill	2.2
IUD	6.8
Condom	1.3
Female sterilization	14.4
Male sterilization	1.1
Any traditional method	12.7
Rhythm/safe period	6.5
Withdrawal	6.1
Other traditional or modern method	0.2

Unmet Need for Family Planning⁵

Percent with unmet need for family planning	23.6
Percent with unmet need for spacing	13.6

Quality of Family Planning Services⁶

Percent told about side effects of method	43.5
Percent who received follow-up services	52.9

Childhood Mortality

Infant mortality rate ⁷	37.0
Under-five mortality rate ⁷	56.1

Safe Motherhood and Women's Reproductive Health

Percent of births ⁸ within 24 months of previous birth	26.9
Percent of births ³ whose mothers received:	
Antenatal check-up from a health professional	80.2
Antenatal check-up in first trimester	45.0
Two or more tetanus toxoid injections	64.2
Iron and folic acid tablets or syrup	50.0
Percent of births ³ whose mothers were assisted at delivery by a:	
Doctor	35.8
ANM/nurse/midwife/LHV	17.6
Traditional birth attendant	25.3
Percent ⁵ reporting at least one reproductive health problem	56.0

Awareness of AIDS

Percent of women ² who have heard of AIDS	92.9
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Child Health

Percent of children age 0–3 months exclusively breastfed	69.7
Median duration of breastfeeding (months)	29.3

Percent of children⁹ who received vaccinations:

BCG	71.0
DPT (3 doses)	59.1
Polio (3 doses)	62.5
Measles	45.8
All vaccinations	42.3

Percent of children ¹⁰ with diarrhoea in the past 2 weeks who received oral rehydration salts (ORS)	50.7
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Percent of children ¹⁰ with acute respiratory infection in the past 2 weeks taken to a health facility or provider	45.0
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Nutrition

Percent of women with anaemia ¹¹	28.9
Percent of women with moderate/severe anaemia ¹¹	7.1
Percent of children age 6–35 months with anaemia ¹¹	45.2
Percent of children age 6–35 months with moderate/severe anaemia ¹¹	22.6
Percent of children chronically undernourished (stunted) ¹²	31.3
Percent of children acutely undernourished (wasted) ¹²	8.2
Percent of children underweight ¹²	27.5

⁶For current users of modern methods

⁷For the 5 years preceding the survey (1994–98)

⁸For births in the past 5 years (excluding first births)

⁹Children age 12–23 months

¹⁰Children under 3 years

¹¹Anaemia—haemoglobin level < 11.0 grams/decilitre (g/dl) for children and pregnant women and < 12.0 g/dl for nonpregnant women. Moderate/severe anaemia—haemoglobin level < 10.0 g/dl.

¹²Stunting assessed by height-for-age, wasting assessed by weight-for-height, underweight assessed by weight-for-age

¹Water from pipes, hand pump, covered well, or tanker truck

²Ever-married women age 15–49

³For births in the past 3 years

⁴Excluding women giving non-numeric responses

⁵Among currently married women age 15–49

FACT SHEET, MEGHALAYA
NATIONAL FAMILY HEALTH SURVEY, 1999

Sample Size

Households	1,240
Ever-married women age 15–49	945

Characteristics of Households

Percent with electricity	41.2
Percent within 15 minutes of safe water supply ¹	40.3
Percent with flush toilet	10.0
Percent with no toilet facility	48.0
Percent using govt. health facilities for sickness	57.5
Percent using iodized salt (at least 15 ppm)	63.0

Characteristics of Women²

Percent urban	20.0
Percent illiterate	38.1
Percent completed high school and above	9.2
Percent Hindu	10.3
Percent Christian	71.9
Percent no religion	12.2
Percent regularly exposed to mass media	62.7
Percent working in the past 12 months	47.6

Status of Women²

Percent involved in decisions about own health	78.9
Percent with control over some money	81.5

Marriage

Percent never married among women age 15–19	85.7
Median age at marriage among women age 25–49	19.1

Fertility and Fertility Preferences

Total fertility rate (for the past 3 years)	4.57
Mean number of children ever born to all women 40–49	5.48
Median age at first birth among women age 25–49	20.4
Percent of births ³ of order 3 and above	60.0
Mean ideal number of children ⁴	4.7
Percent of women with 2 living children wanting another child	63.3

Current Contraceptive Use⁵

Any method	20.2
Any modern method	15.5
Pill	4.5
IUD	3.3
Condom	1.3
Female sterilization	6.5
Male sterilization	0.0
Any traditional method	4.2
Rhythm/safe period	3.1
Withdrawal	1.1
Other traditional or modern method	0.5

Unmet Need for Family Planning⁵

Percent with unmet need for family planning	35.5
Percent with unmet need for spacing	23.4

Quality of Family Planning Services⁶

Percent told about side effects of method	21.6
Percent who received follow-up services	89.5

Childhood Mortality

Infant mortality rate ⁷	89.0
Under-five mortality rate ⁷	122.0

Safe Motherhood and Women's Reproductive Health

Percent of births ⁸ within 24 months of previous birth	31.9
Percent of births ³ whose mothers received:	
Antenatal check-up from a health professional	53.1
Antenatal check-up in first trimester	20.6
Two or more tetanus toxoid injections	30.8
Iron and folic acid tablets or syrup	49.5
Percent of births ³ whose mothers were assisted at delivery by a:	
Doctor	15.9
ANM/nurse/midwife/LHV	4.4
Traditional birth attendant	44.9
Percent ⁵ reporting at least one reproductive health problem	66.9

Awareness of AIDS

Percent of women ² who have heard of AIDS	44.2
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Child Health

Percent of children age 0–3 months exclusively breastfed	16.1
Median duration of breastfeeding (months)	22.6

Percent of children⁹ who received vaccinations:

BCG	46.1
DPT (3 doses)	25.4
Polio (3 doses)	27.6
Measles	17.7
All vaccinations	14.3

Percent of children¹⁰ with diarrhoea in the past 2 weeks who received oral rehydration salts (ORS)

Percent of children ¹⁰ with acute respiratory infection in the past 2 weeks taken to a health facility or provider	48.7
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Nutrition

Percent of women with anaemia ¹¹	63.3
Percent of women with moderate/severe anaemia ¹¹	29.9
Percent of children age 6–35 months with anaemia ¹¹	67.6
Percent of children age 6–35 months with moderate/severe anaemia ¹¹	44.2
Percent of children chronically undernourished (stunted) ¹²	44.9
Percent of children acutely undernourished (wasted) ¹²	13.3
Percent of children underweight ¹²	37.9

⁶For current users of modern methods

⁷For the 5 years preceding the survey (1994–98)

⁸For births in the past 5 years (excluding first births)

⁹Children age 12–23 months

¹⁰Children under 3 years

¹¹Anaemia—haemoglobin level < 11.0 grams/decilitre (g/dl) for children and pregnant women and < 12.0 g/dl for nonpregnant women. Moderate/severe anaemia—haemoglobin level < 10.0 g/dl.

¹²Stunting assessed by height-for-age, wasting assessed by weight-for-height, underweight assessed by weight-for-age

¹Water from pipes, hand pump, covered well, or tanker truck

²Ever-married women age 15–49

³For births in the past 3 years

⁴Excluding women giving non-numeric responses

⁵Among currently married women age 15–49

FACT SHEET, MIZORAM
NATIONAL FAMILY HEALTH SURVEY, 1999

Sample Size

Households	1,373
Ever-married women age 15–49	1,048

Characteristics of Households

Percent with electricity	84.1
Percent within 15 minutes of safe water supply ¹	56.5
Percent with flush toilet	27.5
Percent with no toilet facility	2.3
Percent using govt. health facilities for sickness	79.7
Percent using iodized salt (at least 15 ppm)	91.3

Characteristics of Women²

Percent urban	52.9
Percent illiterate	10.0
Percent completed high school and above	16.1
Percent Hindu	2.6
Percent Christian	95.7
Percent Buddhist/Neo-Buddhist	1.3
Percent regularly exposed to mass media	83.1
Percent working in the past 12 months	49.9

Status of Women²

Percent involved in decisions about own health	73.2
Percent with control over some money	55.0

Marriage

Percent never married among women age 15–19	91.6
Median age at marriage among women age 25–49	22.0

Fertility and Fertility Preferences

Total fertility rate (for the past 3 years)	2.89
Mean number of children ever born to all women 40–49	3.96
Median age at first birth among women age 25–49	22.8
Percent of births ³ of order 3 and above	45.9
Mean ideal number of children ⁴	4.0
Percent of women with 2 living children wanting another child	57.9

Current Contraceptive Use⁵

Any method	57.7
Any modern method	57.1
Pill	5.4
IUD	5.4
Condom	0.9
Female sterilization	45.2
Male sterilization	0.1
Any traditional method	0.7
Rhythm/safe period	0.7
Withdrawal	0.0
Other traditional or modern method	0.0

Unmet Need for Family Planning⁵

Percent with unmet need for family planning	15.5
Percent with unmet need for spacing	11.7

Quality of Family Planning Services⁶

Percent told about side effects of method	48.0
Percent who received follow-up services	71.2

Childhood Mortality

Infant mortality rate ⁷	37.0
Under-five mortality rate ⁷	54.7

Safe Motherhood and Women's Reproductive Health

Percent of births ⁸ within 24 months of previous birth	32.9
Percent of births ³ whose mothers received:	
Antenatal check-up from a health professional	90.3
Antenatal check-up in first trimester	39.6
Two or more tetanus toxoid injections	37.8
Iron and folic acid tablets or syrup	72.7
Percent of births ³ whose mothers were assisted at delivery by a:	
Doctor	20.8
ANM/nurse/midwife/LHV	45.4
Traditional birth attendant	17.4
Percent ⁵ reporting at least one reproductive health problem	52.5

Awareness of AIDS

Percent of women ² who have heard of AIDS	93.2
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Child Health

Percent of children age 0–3 months exclusively breastfed	40.7
Median duration of breastfeeding (months)	21.8
Percent of children ⁹ who received vaccinations:	
BCG	88.2
DPT (3 doses)	69.5
Polio (3 doses)	71.9
Measles	71.0
All vaccinations	59.6
Percent of children ¹⁰ with diarrhoea in the past 2 weeks who received oral rehydration salts (ORS)	44.7
Percent of children ¹⁰ with acute respiratory infection in the past 2 weeks taken to a health facility or provider	51.0
Nutrition	
Percent of women with anaemia ¹¹	48.0
Percent of women with moderate/severe anaemia ¹¹	12.8
Percent of children age 6–35 months with anaemia ¹¹	57.2
Percent of children age 6–35 months with moderate/severe anaemia ¹¹	25.0
Percent of children chronically undernourished (stunted) ¹²	34.6
Percent of children acutely undernourished (wasted) ¹²	10.2
Percent of children underweight ¹²	27.7

⁶For current users of modern methods

⁷For the 5 years preceding the survey (1994–98)

⁸For births in the past 5 years (excluding first births)

⁹Children age 12–23 months

¹⁰Children under 3 years

¹¹Anaemia—haemoglobin level < 11.0 grams/decilitre (g/dl) for children and pregnant women and < 12.0 g/dl for nonpregnant women. Moderate/severe anaemia—haemoglobin level < 10.0 g/dl.

¹²Stunting assessed by height-for-age, wasting assessed by weight-for-height, underweight assessed by weight-for-age

¹Water from pipes, hand pump, covered well, or tanker truck

²Ever-married women age 15–49

³For births in the past 3 years

⁴Excluding women giving non-numeric responses

⁵Among currently married women age 15–49

FACT SHEET, NAGALAND
NATIONAL FAMILY HEALTH SURVEY, 1999

Sample Size

Households	1,133
Ever-married women age 15–49	818

Characteristics of Households

Percent with electricity	56.3
Percent within 15 minutes of safe water supply ¹	40.8
Percent with flush toilet	24.8
Percent with no toilet facility	25.6
Percent using govt. health facilities for sickness	53.8
Percent using iodized salt (at least 15 ppm)	67.2

Characteristics of Women²

Percent urban	20.3
Percent illiterate	39.8
Percent completed high school and above	11.5
Percent Hindu	11.4
Percent Muslim	7.7
Percent Christian	79.1
Percent regularly exposed to mass media	64.3
Percent working in the past 12 months	63.9

Status of Women²

Percent involved in decisions about own health	69.4
Percent with control over some money	27.9

Marriage

Percent never married among women age 15–19	86.6
Median age at marriage among women age 25–49	20.1

Fertility and Fertility Preferences

Total fertility rate (for the past 3 years)	3.77
Mean number of children ever born to all women 40–49	5.17
Median age at first birth among women age 25–49	21.2
Percent of births ³ of order 3 and above	59.6
Mean ideal number of children ⁴	4.0
Percent of women with 2 living children wanting another child	47.7

Current Contraceptive Use⁵

Any method	30.3
Any modern method	24.2
Pill	2.5
IUD	7.7
Condom	1.8
Female sterilization	12.3
Male sterilization	0.0
Any traditional method	5.9
Rhythm/safe period	4.5
Withdrawal	1.4
Other traditional or modern method	0.1

Unmet Need for Family Planning⁵

Percent with unmet need for family planning	30.2
Percent with unmet need for spacing	18.3

Quality of Family Planning Services⁶

Percent told about side effects of method	17.2
Percent who received follow-up services	51.9

Childhood Mortality

Infant mortality rate ⁷	42.1
Under-five mortality rate ⁷	63.8

Safe Motherhood and Women's Reproductive Health

Percent of births ⁸ within 24 months of previous birth	32.1
Percent of births ³ whose mothers received:	
Antenatal check-up from a health professional	59.4
Antenatal check-up in first trimester	23.8
Two or more tetanus toxoid injections	50.9
Iron and folic acid tablets or syrup	42.5
Percent of births ³ whose mothers were assisted at delivery by a:	
Doctor	12.3
ANM/nurse/midwife/LHV	20.0
Traditional birth attendant	9.0
Percent ⁵ reporting at least one reproductive health problem	45.6

Awareness of AIDS

Percent of women ² who have heard of AIDS	72.4
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Child Health

Percent of children age 0–3 months exclusively breastfed	43.9
Median duration of breastfeeding (months)	23.1

Percent of children⁹ who received vaccinations:

BCG	46.1
DPT (3 doses)	29.6
Polio (3 doses)	41.8
Measles	19.6
All vaccinations	14.1

Percent of children¹⁰ with diarrhoea in the past 2 weeks who received oral rehydration salts (ORS)

Percent of children ¹⁰ with acute respiratory infection in the past 2 weeks taken to a health facility or provider	28.0
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Nutrition

Percent of women with anaemia ¹¹	38.4
Percent of women with moderate/severe anaemia ¹¹	10.6
Percent of children age 6–35 months with anaemia ¹¹	43.7
Percent of children age 6–35 months with moderate/severe anaemia ¹¹	21.7
Percent of children chronically undernourished (stunted) ¹²	33.0
Percent of children acutely undernourished (wasted) ¹²	10.4
Percent of children underweight ¹²	24.1

⁶For current users of modern methods

⁷For the 5 years preceding the survey (1994–98)

⁸For births in the past 5 years (excluding first births)

⁹Children age 12–23 months

¹⁰Children under 3 years

¹¹Anaemia—haemoglobin level < 11.0 grams/decilitre (g/dl) for children and pregnant women and < 12.0 g/dl for nonpregnant women. Moderate/severe anaemia—haemoglobin level < 10.0 g/dl.

¹²Stunting assessed by height-for-age, wasting assessed by weight-for-height, underweight assessed by weight-for-age

¹Water from pipes, hand pump, covered well, or tanker truck

²Ever-married women age 15–49

³For births in the past 3 years

⁴Excluding women giving non-numeric responses

⁵Among currently married women age 15–49

FACT SHEET, TRIPURA
NATIONAL FAMILY HEALTH SURVEY, 2000

Sample Size

Households	1290
Ever-married women age 15–49	1104

Characteristics of Households

Percent with electricity	63.6
Percent within 15 minutes of safe water supply ¹	46.3
Percent with flush toilet	19.6
Percent with no toilet facility	9.0
Percent using govt. health facilities for sickness	68.5
Percent using iodized salt (at least 15 ppm)	69.8

Characteristics of Women²

Percent urban	20.7
Percent illiterate	31.5
Percent completed high school and above	11.0
Percent Hindu	87.8
Percent Muslim	9.3
Percent Christian	1.3
Percent regularly exposed to mass media	64.8
Percent working in the past 12 months	22.7

Status of Women²

Percent involved in decisions about own health	51.3
Percent with control over some money	46.3

Marriage

Percent never married among women age 15–19	77.1
Median age at marriage among women age 25–49	18.3

Fertility and Fertility Preferences

Total fertility rate (for the past 3 years)	1.87
Mean number of children ever born to all women 40–49	3.95
Median age at first birth among women age 25–49	20.1
Percent of births ³ of order 3 and above	34.2
Mean ideal number of children ⁴	2.3
Percent of women with 2 living children wanting another child	9.6

Current Contraceptive Use⁵

Any method	55.5
Any modern method	43.5
Pill	13.5
IUD	1.9
Condom	1.4
Female sterilization	26.1
Male sterilization	0.6
Any traditional method	11.8
Rhythm/safe period	10.9
Withdrawal	0.9
Other traditional or modern method	0.2

Unmet Need for Family Planning⁵

Percent with unmet need for family planning	17.7
Percent with unmet need for spacing	8.1

Quality of Family Planning Services⁶

Percent told about side effects of method	18.5
Percent who received follow-up services	51.3

Childhood Mortality

Infant mortality rate ⁷	44.2
Under-five mortality rate ⁷	51.3

Safe Motherhood and Women's Reproductive Health

Percent of births ⁸ within 24 months of previous birth	19.3
Percent of births ³ whose mothers received:	
Antenatal check-up from a health professional	70.8
Antenatal check-up in first trimester	33.1
Two or more tetanus toxoid injections	65.7
Iron and folic acid tablets or syrup	63.0
Percent of births ³ whose mothers were assisted at delivery by a:	
Doctor	33.5
ANM/nurse/midwife/LHV	13.7
Traditional birth attendant	45.6
Percent ⁵ reporting at least one reproductive health problem	56.6

Awareness of AIDS

Percent of women ² who have heard of AIDS	49.0
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Child Health

Percent of children age 0–3 months exclusively breastfed	34.6
Median duration of breastfeeding (months)	≥36.0

Percent of children⁹ who received vaccinations:

BCG	73.5
DPT (3 doses)	51.7
Polio (3 doses)	57.9
Measles	44.6
All vaccinations	40.7

Percent of children ¹⁰ with diarrhoea in the past 2 weeks who received oral rehydration salts (ORS)	59.5
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Percent of children ¹⁰ with acute respiratory infection in the past 2 weeks taken to a health facility or provider	74.2
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Nutrition

Percent of women with anaemia ¹¹	59.0
Percent of women with moderate/severe anaemia ¹¹	15.4
Percent of children age 6–35 months with anaemia ¹¹	61.8
Percent of children age 6–35 months with moderate/severe anaemia ¹¹	40.5
Percent of children chronically undernourished (stunted) ¹²	40.4
Percent of children acutely undernourished (wasted) ¹²	13.1
Percent of children underweight ¹²	42.6

⁶For current users of modern methods

⁷For the 5 years preceding the survey (1995–99)

⁸For births in the past 5 years (excluding first births)

⁹Children age 12–23 months

¹⁰Children under 3 years

¹¹Anaemia—haemoglobin level < 11.0 grams/decilitre (g/dl) for children and pregnant women and < 12.0 g/dl for nonpregnant women. Moderate/severe anaemia—haemoglobin level < 10.0 g/dl.

¹²Stunting assessed by height-for-age, wasting assessed by weight-for-height, underweight assessed by weight-for-age

¹Water from pipes, hand pump, covered well, or tanker truck

²Ever-married women age 15–49

³For births in the past 3 years

⁴Excluding women giving non-numeric responses

⁵Among currently married women age 15–49

SUMMARY OF FINDINGS

The second National Family Health Survey (NFHS-2), conducted in 1998–99, provides information on fertility, mortality, family planning, and important aspects of health, nutrition, and health care. The International Institute for Population Sciences (IIPS) coordinated the survey, which collected information from a nationally representative sample of 90,303 ever-married women age 15–49 from all 26 states of India at the time of the survey. These states comprise more than 99 percent of India's population.

IIPS also coordinated the first National Family Health Survey (NFHS-1) in 1992–93. Most of the types of information collected in NFHS-2 were also collected in the earlier survey, making it possible to identify trends over the intervening period of six and a half years. In addition, the NFHS-2 questionnaire covered a number of new or expanded topics with important policy implications, such as reproductive health, women's autonomy, domestic violence, women's nutrition, anaemia, and salt iodization.

NFHS-2 field staff collected information in Arunachal Pradesh from 1,419 households and 1,117 ever-married women age 15–49 in these households. Similarly, in Manipur data were collected from 1,435 eligible women in 1,689 households, in Meghalaya from 945 eligible women in 1,240 households, in Mizoram from 1,048 eligible women in 1,373 households, in Nagaland from 818 eligible women in 1,133 households, and in Tripura from 1,104 eligible women in 1,290 households. Fieldwork was conducted between 10 May 1999 and 30 August 1999 in Arunachal Pradesh, between 29 August 1999 and 10 October 1999 in Manipur, between 2 May 1999 and 17 December 1999 in Meghalaya, between 1 June 1999 and 24 August 1999 in Mizoram, between 14 May 1999 and 21 December 1999 in Nagaland, and between 30 May 2000 and 30 July 2000 in Tripura. In addition, the survey collected information on 427 children born to eligible women in the three years preceding the survey in Arunachal Pradesh. The corresponding number of children in each of the other states was 666 in Manipur, 610 in Meghalaya, 497 in Mizoram, 456 in Nagaland, and 299 in Tripura. One health investigator on each survey team measured the height and weight of eligible women and young children and took blood samples to assess the prevalence of anaemia.

Background Characteristics of the Survey Population

The age distribution in all states except Manipur and Meghalaya is typical of high-fertility populations that have recently experienced some fertility decline, with relatively high proportions in the younger age groups but a slightly smaller proportion age 0–4 than age 5–9. Arunachal Pradesh has the lowest sex ratio in the region (921) and Manipur has the highest (1,091). Arunachal Pradesh, Meghalaya, and Nagaland have sex ratios favouring males; the remaining states have a higher number of females than males in their populations.

The survey provides information on a variety of demographic and socioeconomic background characteristics. The states vary greatly with respect to the religious mix of their populations. Mizoram, Nagaland, and Meghalaya have predominantly Christian populations whereas Tripura has a predominantly Hindu population. In Manipur the population contains significant proportions of Hindus, Christians, and people belonging to the Sanamahi religion whereas in Arunachal Pradesh, there are significant proportions of Hindus, people belonging to

the Donyi-Polo religion, Christians, and Buddhists. The majority of the populations in Mizoram, Meghalaya, Nagaland, and Arunachal Pradesh belong to the scheduled tribes, whereas the other two states are more diverse with regard to castes and tribes.

Questions about housing conditions and the standard of living of household members indicate improvements since the time of NFHS-1 only in some of the states. The proportion of households with electricity ranges from 56 percent in Nagaland to 84 percent in Mizoram and has increased since NFHS-1 in all states except Meghalaya and Nagaland. The proportion of households without any toilet facility ranges from 2 percent in Mizoram to 48 percent in Meghalaya; this proportion has declined substantially since NFHS-1 only in Manipur and Tripura. In other states it has either remained about the same or increased. The proportion of households that use piped water for drinking ranges from 29 percent in Tripura to 67 percent in Arunachal Pradesh. The use of piped drinking water has changed little since NFHS-1 in all states except Mizoram where it has risen substantially and Nagaland where it has declined.

Literacy also varies across the states, from 65 percent in Arunachal Pradesh to 91 percent in Mizoram. Sex differentials in literacy remain quite large in all states except Meghalaya and Mizoram. The proportion of children age 6–14 currently attending school ranges from 82 percent in Arunachal Pradesh to 91 percent in Mizoram, all higher than the national average of 79 percent. Since NFHS-1, the proportion of children attending school has risen substantially in Arunachal Pradesh, Meghalaya, and Tripura, remained about the same in Manipur and Mizoram and declined slightly in Nagaland. Despite relatively high proportions of children attending school, girls lag behind boys in school attendance in all states except Meghalaya where more girls than boys age 6–14 are attending school.

Women in these northeastern states tend to marry later than women in India as a whole. In these states, 8–23 percent of women age 15–19 are already married, compared with 34 percent in the country as a whole. In most of these states, the proportions marrying very young (before age 15) is limited even among the oldest women (age 40–49). Nonetheless, in all of these states except Manipur and Mizoram, 23–38 percent of women age 20–24 were married before reaching the legal minimum age of 18 years. The median age at marriage is highest in Mizoram (22 years) and lowest in Tripura (18 years). On average, the age difference between spouses (men minus women) ranges from 3 years in Mizoram and Manipur to 7 years in Tripura.

As part of an increasing emphasis on gender issues, NFHS-2 asked women about their participation in household decisionmaking. In these states, the vast majority (ranging from 90 percent in Tripura to 99 percent in Arunachal Pradesh) of women are involved in decisionmaking on at least one of four selected topics. Only 43 percent of women in Manipur, 51 percent in Tripura, and 69–79 percent in all the other states are involved at all in making decisions about their own health care, and only 10–32 percent make these decisions by themselves. Freedom of movement is fairly limited in Nagaland, Manipur, and Tripura where less than one-third of women do not need permission to go to the market or to visit friends or relatives. In the remaining states about half or more women do not need such permission. Women's labor force participation in the 12 months preceding the survey ranges from only 23 percent in Tripura and 48–50 percent in Meghalaya and Mizoram to 60–70 percent in the remaining states. The majority of working women work for cash except in Arunachal Pradesh and Nagaland. Only in Manipur do more than half (59 percent) of the working women who earn cash can decide independently how to spend the money that they earn; in the other states, this proportion ranges only from 18

percent in Nagaland to 46 percent in Arunachal Pradesh. The proportion of working women who report that their earnings constitute at least half of total family earnings ranges from 37 percent in Nagaland to 64 percent in Meghalaya, including 6–23 percent who report that the family is entirely dependent on their earnings.

Fertility and Family Planning

Since NFHS-1, fertility has fallen in only two of the six states in the region, namely Arunachal Pradesh and Tripura. In all of the other states, fertility was higher in the three years preceding NFHS-2 than in the three years preceding NFHS-1. At current fertility levels, women in Arunachal Pradesh will have an average of 2.5 children each throughout their childbearing years. This number is 3.0 for Manipur, 4.6 for Meghalaya, 2.9 for Mizoram, 3.8 for Nagaland, and 1.9 for Tripura. While the fertility rate in Tripura is one of the lowest in country, the fertility rate in Meghalaya is the highest of any of the Indian states.

Efforts to encourage the trend toward lower fertility might usefully focus on groups within the population that have higher fertility than average. In these northeastern states, illiterate women or those with low levels of education and women from households with a low standard of living tend to have much higher fertility than other women. Studies in India and elsewhere have shown that health and mortality risks increase when women give birth at very young ages—both for the women themselves and for their children. Among women age 25–49, the median age at first birth is relatively high in the region (from about 20 years in Tripura, Arunachal Pradesh, and Meghalaya and 21 years in Nagaland to 23 years in Mizoram and Manipur). Women age 15–19 account for relatively low levels (7–9 percent) of total fertility in Manipur, Nagaland, Mizoram, and Meghalaya, but for much higher levels in Arunachal Pradesh (13 percent) and Tripura (20 percent). About one-third of all births occur within 24 months of a previous birth in all states except Tripura, where this proportion is about one in five.

The appropriate design of family planning programmes depends, to a large extent, on women's fertility preferences. Women may have large families because they want many children, or they may prefer small families but, for a variety of reasons, may have more children than they actually want. For 13 percent of births in the three years preceding NFHS-2, mothers in Nagaland said that they did not want the pregnancy at all; the corresponding proportions for the other states at 5–7 percent are all much lower. For another 26–27 percent of births in Meghalaya and Nagaland and 14–16 percent in the other states, mothers said that they would have preferred to delay the pregnancy. The preferred family size remains relatively high in all states except Tripura. While the ideal family size is only 2.3 in Tripura, it ranges from 3.2 in Arunachal Pradesh to 4.7 in Meghalaya. Nonetheless, women in the region have 0.2–0.8 children more than they now ideally want. This gap between women's actual fertility experience and what they want or would consider ideal suggests a need for expanded and improved family welfare services to help women achieve their fertility goals. In the region, the proportion of women who want at least one son ranges from 89 percent in Tripura to 98 percent in Mizoram, and the proportion of women who want at least one daughter is almost as high, ranging from 82 percent in Tripura to 97 percent in Mizoram. A strong preference for sons is, nonetheless, evident in all states except Meghalaya and Mizoram. In Meghalaya and Mizoram, the proportion of women who want more sons than daughters, at 21–26 percent, is only somewhat higher than the proportions who want more daughters than sons, at 17–19 percent. In the remaining states, by contrast, 26–42 percent

of women want more sons than daughters, whereas only 3–6 percent want more daughters than sons.

If women in these states are not using family planning, it is not due to lack of knowledge. Knowledge of contraception is very high (95–98 percent) in all states except Nagaland and Meghalaya where only 88 percent of women know of any method of contraception. Women are most familiar with female sterilization (79–97 percent) in all states, followed by the pill in Tripura (92 percent), Arunachal Pradesh (85 percent), and Meghalaya (76 percent), male sterilization in Manipur (90 percent), the IUD in Nagaland (77 percent), and the condom in Mizoram (91 percent). Knowledge of modern spacing methods has increased substantially in all states and for most methods since the time of NFHS-1; however, there still remains a sizable gap between knowledge and use.

Current contraceptive use among currently married women is highest in Mizoram, at 58 percent, followed by 56 percent in Tripura and 30–39 percent in Nagaland, Arunachal Pradesh, and Manipur, and lowest, at 20 percent, in Meghalaya. These percentages are lower than the national average (48 percent) in all states except Mizoram and Tripura. Contraceptive prevalence more than doubled between NFHS-1 and NFHS-2 in Nagaland (from 13 percent to 30 percent) and also increased substantially in Arunachal Pradesh (from 24 percent to 35 percent). It also rose in Manipur and Mizoram but only by 4 percentage points each, and remained almost unchanged in the remaining two states. Female sterilization is by far the most popular method; it is used by 78 percent of all current contraceptive users in Mizoram and by 32–58 percent of users in all the other states. The median age at sterilization ranges from a low of 26 years in Arunachal Pradesh to a high of 31 years in Manipur. Use rates for the pill, IUD, and condom remain low in all states. Pill use is highest at 14 percent in Tripura, IUD use is highest at 8 percent in Nagaland, and condom use is 2 percent or less in all these states. Traditional method use ranges from 1 percent in Mizoram to 13 percent in Manipur. In no state is the proportion of women who report the use of male sterilization as their current method of contraception higher than 1 percent.

There are notable variations in contraceptive prevalence among socioeconomic groups. Contraceptive prevalence is much higher for urban women, women from households with a high standard of living, and women with at least two children who have one or more sons. Urban women and more-educated women are more likely than other women to use the three modern spacing methods (pills, IUDs, and condoms), but no more than one out of four women in any socioeconomic group uses these methods.

Given the strong emphasis on sterilization, women tend to adopt family planning only after they have achieved their desired family size. As a result, contraceptive use can be expected to rise steadily with age and with the number of living children. Contraceptive use rises with age in all states peaking at age 30–34 in Tripura, age 35–39 in Meghalaya and Nagaland, age 30–39 in Arunachal Pradesh, and age 40–44 in Manipur and Mizoram. In all states except Mizoram, use of contraception increases with the number of children to a maximum among women with three children, whereas in Mizoram, use is highest among women with four or more children. Son preference appears to have an effect on contraceptive use only in some of these states and generally at lower parities. Women with one or two children in some of these states are more likely to be using contraception if they have sons than if they have only daughters.

Four percent of currently married women are not using contraception although they do not want any more children in Mizoram. In the remaining five states, this proportion is much higher at 9–12 percent. Another 8–14 percent in Tripura, Mizoram, and Manipur and 17–23 percent in the remaining states are not using contraception but say that they want to wait at least two years before having another child. These women taken together are described as having an ‘unmet need’ for family planning. The unmet need tends to be particularly high for younger women, who have a strong interest in spacing their births. Notably, women with one living child have a high unmet need, due primarily to the need for spacing. These results underscore the need for strategies that provide spacing as well as terminal contraceptive methods in order to meet the changing needs of women over their lifecycle.

For many years, the Government of India has been using electronic and other mass media to promote family planning. In these northeastern states, 73–95 percent of rural respondents live in villages that are electrified, but less than one in five in any of these states live in villages that have a cable connection. Access to television is also relatively limited in all of these states. Nonetheless, among the different types of media, television and radio have the broadest reach across all categories of women. Overall, 40–61 percent of ever-married women watch television at least once a week and 39–73 percent listen to the radio at least once a week. Nevertheless, the proportion of ever-married women that are not regularly exposed to television, radio, or other types of media ranges from 16–17 percent in Manipur and Mizoram to 35–37 percent in the remaining states. Even so, 63–81 percent of women saw or heard a family planning message in the media during the few months preceding the survey. Television, radio, and wall paintings or hoardings tend to be the primary sources of these messages. In Mizoram, Meghalaya, and Manipur, newspapers or magazines are also important sources of family planning messages. Exposure to family planning messages is much lower than average for women from households with a low standard of living, illiterate women, and rural women. In addition, women who have never used contraception are less likely than women who have used contraception to have heard or seen a message about family planning in the past few months.

In all states except Meghalaya women who use modern contraception are much more likely to have obtained their method from a government hospital or other source in the public sector than from a source in the private sector. In Meghalaya, the public and private sectors are equally important. Nonetheless, the private medical sector is the major source for pills in all states except Mizoram.

An important indication of the quality of family planning services is the information that women receive when they obtain contraception and the extent to which they receive follow-up services after accepting contraception. In Meghalaya, Tripura, and Mizoram, 14–18 percent of users of modern contraceptives who were motivated by someone to use their method were told about any other method by that person. In Nagaland, Arunachal Pradesh, and Manipur, 28–33 percent were told about any other method. The proportion of users who were told by a health or family planning worker about possible side effects of the method they adopted is also low in all states, ranging from only 17–19 percent in Nagaland and Tripura to 44–48 percent in Manipur and Mizoram. While 71–90 percent of the users of modern contraceptive methods received follow-up services after accepting the method in Mizoram, Arunachal Pradesh, and Meghalaya, this proportion was only 51–53 percent in the remaining three states.

Infant and Child Mortality

NFHS-2 provides estimates of infant and child mortality and factors associated with the survival of young children. During the five years preceding the survey, the infant mortality rates ranged from 37 deaths at age 0–11 months per 1,000 live births in Manipur and Mizoram to 89 deaths at age 0–11 months per 1,000 live births in Meghalaya. Child mortality rates ranged from 7 deaths at age 1–4 years per 1,000 children reaching age one in Tripura to 37 in Arunachal Pradesh. Overall, mortality continues high in the region particularly in Meghalaya and Mizoram, where 1 in 8 to 10 children die before reaching age 5. In the other four states this proportion ranges from 1 in 16 in Nagaland to 1 in 19 in Tripura. Efforts to promote child survival need to concentrate on very young mothers, high parity mothers, and mothers whose births are closely spaced since they tend to have higher infant and child mortality rates.

Health and Health Care

Promotion of maternal and child health has been one of the most important components of the Reproductive and Child Health Programme of the Government of India. One goal is for each pregnant woman to receive at least three antenatal check-ups plus two tetanus toxoid injections and a full course of iron and folic acid supplementation. In these states, mothers of 54–92 percent of the children born in the three years preceding NFHS-2 received at least one antenatal check-up (compared with the national level of 65 percent), and mothers of 23–76 percent of children received at least three antenatal check-ups. In the region, women in Meghalaya are the least likely to have received an antenatal check-up and women in Nagaland least likely to have received three or more check-ups. By contrast, women in Mizoram receive antenatal check-ups for over 90 percent of births and three or more check-ups for more than three-quarters of births. Seventy-three percent of women received iron and folic acid supplementation (IFA) during their pregnancies in Mizoram but only 43–63 percent did so in the remaining states. However, the majority of women (63 percent in Nagaland and 76–85 percent in the other states) who did receive IFA received an adequate supply, and the majority also (66–89 percent) consumed all the supply they received. The proportions of births for which mothers received the recommended number of tetanus toxoid vaccinations range from 31 percent in Meghalaya to 66 percent in Tripura. Women in disadvantaged socioeconomic groups, in particular, illiterate women and women with a low standard of living, and women at high parities are, in general, less likely than other women to be covered by each of the three recommended types of antenatal care.

The Reproductive and Child Health Programme encourages women to deliver in a medical facility or, if at home, with assistance from a trained health professional and to receive at least three check-ups after delivery. Only a minority of births in all states except Mizoram take place in medical institutions. Specifically, during the three years preceding NFHS-2, 58 percent of births in Mizoram but only 12–45 percent of births in the other states were delivered in a medical facility. Trained health professionals assisted with the delivery for more than half the births in Mizoram and Manipur (68 percent and 54 percent, respectively), but for only 21–48 percent of births in the remaining states. Only 2–4 percent of births delivered at home in Arunachal Pradesh, Meghalaya, and Tripura were assisted by a health professional, whereas in the remaining states, this proportion ranges from 23 percent in Nagaland to 30 percent in Manipur. Postpartum check-ups are not common for noninstitutional births in these states. Only 4 percent and 11 percent of births that took place outside a medical facility in Nagaland and Arunachal Pradesh, respectively, and 21–27 percent in the remaining states were followed by a

postpartum check-up within two months of delivery. Overall, these results show that health services during pregnancy are reaching a significant proportion of women in the region; however, most women are not receiving health services during delivery and in the postpartum period in most of the states.

The Government of India recommends that breastfeeding should begin immediately after childbirth and that infants should be exclusively breastfed for about the first four months of life. Although breastfeeding is widely practiced in the region, only about half of infants in Arunachal Pradesh and Mizoram and less than one-third in the remaining states begin breastfeeding within the first hour of life. A much higher percentage, two-thirds or more, begin breastfeeding within one day of birth in all states except Manipur, where this proportion is less than half. For a significant proportion of births (from 40 percent in Manipur to 67 percent in Meghalaya), mothers squeeze the first milk (colostrum) from the breast before breastfeeding begins, thereby depriving the baby of natural immunity against diseases that colostrum provides. Most children under four months of age receive either water or supplements along with breast milk in all states except Manipur. In Manipur, the majority of children under four months of age are being exclusively breastfed as recommended at that age; this proportion is much lower (16–44 percent) in the remaining states. The median duration of breastfeeding is 22 months or more in all states, but the median duration of exclusive breastfeeding is less than one month in all states except Manipur, where it is 3 months. At age 6–9 months, children should be receiving solid or mushy food in addition to breast milk. Although 90 percent of breastfed children age 6–9 months received solid or mushy food in Manipur the day or night before the interview, this proportion was much lower at 60–81 percent in the remaining states.

NFHS-2 uses three internationally recognized standards to assess children's nutritional status—weight-for-age, height-for-age, and weight-for-height. Children who are more than two standard deviations below the median of an international reference population are considered underweight (measured in terms of weight-for-age), stunted (height-for-age), or wasted (weight-for-height). Stunting is a sign of chronic, long-term undernutrition; wasting is a sign of acute, short-term undernutrition; and underweight is a composite measure that takes into account both chronic and acute undernutrition.

Based on these measures, the percentage of children under age three years who are underweight ranges from 24 percent in Nagaland and Arunachal Pradesh to 38 percent in Meghalaya and 43 percent in Tripura. The percentage stunted ranges from 27 percent in Arunachal Pradesh and 31–35 percent in Manipur, Nagaland, and Mizoram to 40–45 in Tripura and Meghalaya. The percentage wasted ranges from 8 percent in Arunachal Pradesh and Manipur to 13 percent in Tripura and Meghalaya. The trend in nutritional status over time is not very encouraging. Since the time of NFHS-1, there has been a sharp decline only in Arunachal Pradesh in the percentage of young children who are underweight and stunted. In the remaining states there has either been no decline or only a small or moderate decline. Between the two surveys, the percentages wasted rose in Arunachal Pradesh and Mizoram but declined in the other states. Nonetheless, poor nutrition remains a serious problem in all six states. Undernutrition is much higher among children from disadvantaged socioeconomic groups. Boys are more likely than girls to be malnourished according to all three indicators in Arunachal Pradesh, Mizoram, and Nagaland. In the remaining states, the results by sex of child are inconsistent.

Findings from NFHS-2 also suggest that iron deficiency is a serious problem in all six states: the percentage of children age 6–35 months with any anaemia ranges from 44–45 percent in Nagaland and Manipur to 55–68 percent in the remaining states. The percentages with moderate to severe anaemia are particularly high in Tripura (41 percent) and Meghalaya (44 percent) and moderately high in the remaining states (22–25 percent). Although there are some differentials in the prevalence of anaemia among groups, a majority of children in most subgroups of the population are anaemic.

Child immunization is an important component of child-survival programmes in India, with efforts focussing on six serious but preventable diseases—tuberculosis, diphtheria, pertussis, tetanus, polio, and measles. The objective of the Universal Immunization Programme (UIP), launched in 1985–86, was to extend immunization coverage against these diseases to at least 85 percent of infants by 1990. In these states, among children age 12–23 months, only 14 percent in Meghalaya and Nagaland, 21 percent in Arunachal Pradesh, 41–42 percent in Tripura and Manipur, and 60 percent in Mizoram have been fully vaccinated. A substantial proportion of children in all states (11 percent in Mizoram to 42 percent in Meghalaya), however, have not been vaccinated at all. Overall, 46–88 percent of children age 12–23 months have been vaccinated against tuberculosis, 25–70 percent have received three doses of the DPT vaccine, 28–72 percent have received three doses of the polio vaccine, and 18–71 percent have received the measles vaccine. Children in Mizoram were most likely and those in Meghalaya were generally least likely to have received each of the different vaccinations.

Immunization coverage has improved since NFHS-1 in all states except Arunachal Pradesh. The greatest increases in the proportions of children 12–23 months who received all vaccinations are in Tripura (from 19 percent in NFHS-1 to 41 percent in NFHS-2) and Manipur (from 29 percent in NFHS-1 to 42 percent in NFHS-2). However, dropout rates for the series of DPT and polio vaccinations remain a problem in all states. For the DPT series, the percentage of children who received the first dose of the vaccine but not the third dose ranges from 20 percent in Mizoram to 43 percent in Meghalaya, and the corresponding percentages for the polio series range from 19 percent in Mizoram to 47 percent in Meghalaya. In addition to full immunization, it is also recommended that children under age five years should receive oral doses of vitamin A every six months starting at age nine months. Seven percent of children age 12–35 months have received any vitamin A supplementation in Nagaland, 21–27 percent in Arunachal Pradesh, Meghalaya, and Tripura, 38 percent in Manipur, and 71 percent in Mizoram. In all states, a much smaller proportion (from 4 percent in Nagaland to 42 percent in Mizoram) received a dose of vitamin A in the six months preceding the survey.

NFHS-2 collected information on the prevalence and treatment of three health problems that cause considerable mortality in young children—fever, acute respiratory infection (ARI), and diarrhoea. Among children under age three years, during the two weeks preceding the survey 34–44 percent were ill with fever; 11 percent in Mizoram, 18 percent in Nagaland, and 25–29 percent in the remaining states were ill with ARI; and 11 percent in Tripura, 17 percent in Manipur, and 22–23 percent in the remaining states had diarrhoea. The percentage of children who were ill with ARI taken to a health facility ranges from 28 percent in Nagaland to 45–51 percent in Manipur, Meghalaya, Arunachal Pradesh, and Mizoram and 74 percent in Tripura. The percentages with diarrhoea taken to a health facility or health provider is much lower in most states and ranges from 23 percent in Nagaland to 63 percent in Tripura. Knowledge about oral rehydration salt (ORS) is quite high: the majority of mothers of children age less than 3

years know about ORS packets, and this proportion increased substantially in all states except Tripura since the time of NFHS-1. However, only 14 percent of mothers in Nagaland, 22–28 percent in Tripura, Meghalaya, and Arunachal Pradesh, 40 percent in Manipur, and 66 percent in Mizoram know that when children are sick with diarrhoea, they should be given more to drink than usual. In addition, the proportion of mothers who know at least two signs of diarrhoea that indicate the need for medical treatment ranges from 29 percent in Arunachal Pradesh and 36 percent in Mizoram to 47–63 percent in the remaining states. Over 60 percent of children with diarrhoea received some form of oral rehydration therapy (ORT) in all states except Meghalaya. In Meghalaya only 52 percent received ORT. ORS was received by only 22 percent of children with diarrhoea in Meghalaya, 30 percent in Nagaland, and 40–60 percent in the remaining states. The percentages of children with diarrhoea who received ORS decreased since NFHS-1 in Manipur and Meghalaya, but rose sharply in the other states.

Based on a weight-for-height index (the body mass index), 11 percent of women in Arunachal Pradesh, 18–26 percent in Nagaland, Manipur, Mizoram, and Meghalaya, and 35 percent in Tripura are undernourished (all less than the national average of 36 percent). Nutritional deficiency is particularly serious for women in disadvantaged socioeconomic groups. Women who are undernourished themselves are also much more likely than other women to have children who are undernourished. Overall, 29 percent of women in Manipur, 38 percent in Nagaland, 48 percent in Mizoram, and 59–63 percent in the remaining states have some degree of anaemia (compared with 52 percent for India as a whole). The proportions with moderate to severe anaemia range from 7 percent in Manipur to 30 percent in Meghalaya. Anaemia is a serious problem among women in every population group in most states.

Forty-two percent of currently married women in Arunachal Pradesh, 46 percent in Nagaland, 53–57 percent in Mizoram, Manipur, and Tripura, and 67 percent in Meghalaya, report some type of reproductive health problem, including abnormal vaginal discharge, symptoms of a urinary tract infection, and pain or bleeding associated with intercourse. All of these states have a higher prevalence of reproductive health problems than the national average (39 percent). Among women with a reproductive health problem, the majority (57–83 percent) have not sought any advice or treatment. These results suggest a need to expand reproductive health services, as well as information programmes that encourage women to discuss their problems with a health-care provider.

In recent years, there has been growing concern about domestic violence in India. NFHS-2 found that the proportion of ever-married women who believe that the beating of wives by husbands is justified under some circumstances varies greatly among the states. Thirty-eight percent of ever-married women in Tripura and 51 percent in Arunachal Pradesh agree with at least one reason for wife-beating by husbands; this proportion is, however, much higher (83–97 percent) in the remaining states. Fourteen percent of ever-married women in Tripura, 19 percent in Nagaland, 20 percent each in Manipur and Mizoram, 26 percent in Arunachal Pradesh, and 31 percent in Meghalaya have experienced beatings or physical mistreatment since age 15. Among those who have been beaten since age 15, the proportion who experienced such violence in the 12 months preceding the survey ranges from 28 percent in Manipur to 80 percent in Nagaland. In Arunachal Pradesh, Tripura, Mizoram, and Nagaland, most of the beatings reported by women are those by their husbands; in the remaining two states, women are most likely to have been beaten by persons other than their husbands or in-laws.

The survey collected information on the prevalence of tuberculosis, asthma, malaria, and jaundice among all household members. Disease prevalence based on reports from household heads must be interpreted with caution, however. The survey found that 2–6 percent of the population suffers from asthma (compared with 2 percent for India as a whole). The asthma rates are particularly high (5–6 percent) in Meghalaya, Nagaland, and Tripura. Overall, 1–2 percent of the population suffers from tuberculosis. Malaria is quite prevalent in several states. During the three months preceding the survey, the three states with the highest prevalence of malaria in India were Meghalaya (17 percent), Nagaland (16 percent), and Arunachal Pradesh (13 percent). Malaria was also higher than the national average of 4 percent in Tripura (8 percent) and Mizaoram (7 percent). Only 2 percent of the population in Manipur had malaria during this period. The level of jaundice was higher than the national average of 1 percent in all of the northeastern states (ranging from 2 percent in Arunachal Pradesh and Manipur to 8 percent in Tripura). The prevalence of asthma and tuberculosis increases substantially with age, whereas the prevalence of jaundice generally decreases with age and the prevalence of malaria does not show any consistent pattern by age. Males are slightly more susceptible to jaundice and malaria than females, but there are no consistent patterns by sex for asthma or tuberculosis.

The majority of households in all six states (from 63 percent in Meghalaya to 91 percent in Mizoram) use cooking salt that is iodized at the recommended level of 15 parts per million. Adequate levels of salt iodization are more common in all of these states than in India as a whole (49 percent). The consumption of iodized salt varies considerably by household standard of living. In all states, households with a low standard of living are much less likely than other households to consume adequately iodized salt.

The majority of household respondents in all six states (54–93 percent) said that household members usually receive treatment from the public medical sector when they get sick. The use of the private medical sector is much higher among urban than rural households in every state except Arunachal Pradesh, where the private sector is rarely used in either urban or rural areas. The use of the private medical sector increases sharply with household standard of living in all states. NFHS-2 also asked women about the quality of care received during the most recent visit to a health facility. Most respondents are generally satisfied with the health care they receive. Virtually all women received the service they went for on their last visit. Women had to wait an average of about 29–30 minutes before being served in all states except Meghalaya, where it took almost an hour (59 minutes) before women received services. Only seventy-six percent of women in Tripura said that the staff spent enough time with them, whereas in the remaining states this proportion ranged from 91 percent in Arunachal Pradesh to 98 percent in Manipur. However, a much smaller proportion of women (48–72 percent) said that the staff talked to them nicely in all states except Meghalaya where this proportion was much higher (91 percent). Only 19 percent of women in Arunachal Pradesh and 25 percent in Manipur, but 56 percent in Mizoram and 79 percent in Meghalaya, rated the facility as very clean. Among those who said they needed privacy during the visit, 87–98 percent of women in Nagaland, Meghalaya, Manipur, and Mizoram, but only 62 percent in Arunachal Pradesh and 40 percent in Tripura, said that the staff respected their need for privacy. Ratings of the quality of services are almost always worse for public-sector facilities than for private-sector facilities.

Home visits by a health or family planning worker were common only in Mizoram, where 31 percent of women received a home visit in the 12 months preceding the survey. In the

remaining states this proportion ranges from less than 2 in Nagaland and Arunachal Pradesh to 9 percent in Tripura.

NFHS-2 also collected information on selected lifestyle indicators for household members. According to household respondents, 25–38 per cent of adult men in Arunachal Pradesh, Manipur, and Nagaland and 49–59 percent in the remaining states smoke. The corresponding proportion of adult women who smoke ranges from 3 percent in Nagaland to 12 percent in Manipur, but is highest at 22 percent in Mizoram. Alcohol consumption is highest by far among both men and women in Arunachal Pradesh, where 65 percent of adult men and 49 percent of adult women consume alcohol. In the remaining states, alcohol consumption varies greatly for men, ranging from 17–18 percent in Mizoram and Tripura to 31 percent in Manipur. Alcohol consumption among women is however relatively low in all of these states with no more than 4 percent of women consuming alcohol. Chewing of *paan masala* or tobacco is also fairly common among both men and women in all of these states except Tripura. In Mizoram, more than 60 percent of both men and women chew *paan masala* or tobacco.

The spread of HIV/AIDS is a major concern in India. Knowledge of AIDS is widespread in Mizoram and Manipur, where more than 9 out of 10 women have heard of AIDS. Knowledge is also relatively widespread in Nagaland (72 percent) and Arunachal Pradesh (60 percent); by contrast, in Meghalaya and Tripura, less than half of women have ever heard of AIDS. Nevertheless, knowledge of AIDS in all these states is higher than the national average of 40 percent. In all states, awareness of AIDS is particularly low among illiterate women, rural women, women from households with a low standard of living, and women who are not regularly exposed to any media. Among women who have heard of AIDS, television is the most common source of information on AIDS in Meghalaya and Tripura and the radio is the most common source in Manipur and Mizoram. In Arunachal Pradesh and Nagaland, friends and relatives are the most common source of information on AIDS, followed by television and radio. Notably, in all the states except Tripura, more than half the women who have heard of AIDS mention hearing about AIDS from friends and relatives. Newspapers, magazines, and posters or hoardings are also important sources of information on AIDS in most states, particularly in Mizoram. These data suggest that government efforts to promote AIDS awareness through the mass media have achieved some success, although word-of-mouth is also important as a source of information in these states. NFHS-2 results suggest that health personnel could play a much larger role in promoting AIDS awareness. The proportion of women who learned about AIDS from a health worker ranges from a high of 29 percent in Tripura to only 13 percent in Mizoram and 6 percent or less in the remaining states. Among women who have heard of AIDS, the proportion who do not know of any way to avoid infection ranges from only 6 percent in Mizoram, to 25–29 percent in Nagaland and Manipur and 48–58 percent in the remaining states. The most frequently mentioned way of avoiding AIDS in Mizoram (64 percent), Nagaland (55 percent), Manipur (52 percent), and Tripura (20 percent) is to avoid injections/use clean needles. Having only one sex partner is mentioned by 27–43 percent of women in Manipur, Meghalaya, and Mizoram and avoiding sex with commercial sex workers is mentioned by 35–43 percent of women in Mizoram, Manipur, and Nagaland. The use of the condom as a way of avoiding AIDS is mentioned most often by women in Mizoram (40 percent), followed by women in Arunachal Pradesh (21 percent) and least often by women in Nagaland (3 percent). The only other method of avoiding AIDS that was mentioned fairly often is avoiding blood transfusions. This method was mentioned by 8 percent of women who know about AIDS in Tripura, 21–25 percent in Arunachal Pradesh, Meghalaya, and Mizoram, and 37–41 percent in Manipur and Nagaland.